Criterion 4: Targeted Services to Homeless and Rural Populations

The plan provides for the establishment and implementation of outreach to, and services for, such individuals who are homeless and the manner in which mental health services will be provided to individuals residing in rural areas.

Outreach and Services to the Homeless

Introduction

By combining PATH and other McKinney funds (that support specialized services) with state and federal funds (that support Community Support Services), KDMHMRS and the Regional MH/MR Boards attempt to provide a statewide system of outreach, community support, and mental health services for persons with severe mental illness who are homeless.

State Support

PATH Block Grant

The role of the State PATH Coordinator is central to supporting local PATH providers throughout Kentucky. The Coordinator prepares the annual PATH application in collaboration with local providers, insures that annual data collection requirements are met, and insures that fund allocation and contracts are in place. Support is also provided through notification of relevant training, updates on homeless issues, and on-site technical assistance as needed.

PATH Request for Proposals

The state PATH coordinator made PATH grant funds available to more areas of the state through a Request for Proposals process during SFY 03, sent to all Regional MH/MR Boards. Through this process, two additional regions will receive PATH funding during SFY 04. It is hoped that, if more funding becomes available in the future, additional regions of the state can initiate PATH programs.

Continuum of Care Process

KDMHMRS collaborates with the Specialized Housing Resources Department within the Kentucky Housing Corporation (KHC) in the maintenance of local homeless planning boards ("Continuum of Care Committees") in Kentucky's area development districts (which correspond to the fourteen mental health regions). Regional MH/MR Boards are encouraged to participate in this process for the benefit of individuals with severe mental illness who may be or become homeless in their regions.

Other State Level Initiatives

KDMHMRS is also collaborating with the Kentucky Council on Homeless Policy to develop a Statewide Homeless Prevention Plan. This plan is designed to adopt

policies and strategies to improve access to mainstream services for people experiencing homelessness. Preliminary recommendations include:

- Developing a complete list of homeless prevention resources;
- Improving coordination of the existing resources through the already established Continuum of Care Planning Boards;
- Developing model "Memorandum of Understanding" documents between state agencies to standardize cooperative efforts; and
- Appointing a statewide homeless coordinator to implement the state homeless prevention plan.

During SFY 03, KDMHMRS, KHC, state operated/contracted facility and Regional MH/MR Board staff also held regional forums in each of the state hospital service regions. The focus of the forums was to enhance communications and build relationships among the participants in an effort to limit discharges to homeless shelters.

Regional Roll-Up

Most Regional MH/MR Boards offer individualized services designed to alleviate homelessness as well as to provide "mainstream" mental health treatment to persons who are homeless and mentally ill. The following chart uses current data from the KDMHMRS information system to illustrate the incidence of homelessness among adults with severe mental illness who receive services from the Regional MH/MR Boards.

Number of Adults with SMI and Indicated Homeless Served by Regional Boards during SFY2002

Region	Homeless	Mission or Shelter
01 - Four Rivers	3	2
02 - Pennyroyal	6	0
03 - River Valley	25	30
04 - Lifeskills	20	3
05 - Communicare	6	2
06 - Seven Counties	338	106
07 - NorthKey	97	20
08 - Comprehend	0	1
10 - Pathways	22	0
11 - Mountain	14	8
12 - Ky River	8	1
13 - Cumberland River	2	1
14 - Adanta	33	0
15 - Bluegrass	71	34
TOTAL	**645**	**208**

PATH Block Grant

During SFY 04 KDMHMRS will, through the PATH Formula Grant, support specialized initiatives to complement the existing community support array in three urban regions (Lexington, Louisville, and Covington) and two rural regions (Kentucky River and Adanta). PATH programs will provide the following services:

- Outreach, housing, case management and psychiatric clinic services in a large homeless shelter in Lexington;
- Outreach, housing and psychiatric clinic services in Covington;
- Payeeship and case management services within a homeless service organization in Covington;
- Residential support within a transitional facility for homeless men with severe mental illness in Louisville;
- Case management and residential support in the Kentucky River Region; and
- Outreach and housing support services in the Adanta Region.

In rural regions, persons who are homeless and mentally ill are a "priority population" for services offered by the existing community support array. Persons who are discharged from state hospitals and identified as being at risk of homelessness are referred to community-based services, intensive case management, or other aftercare arrangements.

Access to Mainstream Services

A crucial barrier remains the difficulty in "mainstreaming" homeless individuals with severe mental illness into regular mental health programs and other community services operated by Regional MH/MR Boards and other community agencies. Staff and consumers have difficulty making the transition to more formal services that sometimes have limited availability.

A variety of strategies are used by Regional MH/MR Boards to increase access to mainstream mental health services. These include:

- Thirteen agencies give service priority to homeless individuals with SMI;
- One agency conducts street outreach;
- Seven agencies make routine visits to homeless shelters and other homeless service sites;
- Nine agencies provide consultation as requested to homeless service program staff; and
- Eight agencies have a walk-in psychiatric clinic

Continuum of Care Process

Some staff of Regional MH/MR Boards serve as local coordinators of the regional Continuum of Care and participate on the state level planning board. Tasks include:

- Establishing and maintaining participation by a broad range of local housing and service providers;
- Setting regional priorities; and
- Assembling a single comprehensive, statewide application for various McKinney funding sources.

Regional MH/MR Boards report in their system of care plans for adults with severe mental illnesses the following level of participation:

- Eleven agencies participate in regional Continuum of Care routine meetings;
- Seven agencies have applied for Continuum of Care funding; and
- Five agencies have received Continuum of Care funding

Through this process, Regional MH/MR Boards are collaborating more effectively with homeless service providers, local housing authorities, and community action agencies, especially in rural areas. Duplication of services has been reduced and coordination increased.

Other Local Initiatives

The Department provides state funds to the St. Johns' Day Center in Louisville to hire an outreach worker. This staff person provides on-site assessment and links individuals with services at Seven Counties Services, the Regional MH/MR Board for Louisville.

During SFY 04, CMHS Block Grant funds will continue to support a Rural Homeless Outreach program in the Mountain Regional MH/MR Board area. The goals of this program will be the identification and linkage of individuals with serious mental illness who are homeless with mainstream mental health services and the provision of consultation and training to homeless service providers. The service providers will primarily be members of the region's Continuum of Care group charged with developing regional, collaborative strategies to serve the homeless.

Trends/Challenges

For several years, HUD has required that applicants for Continuum of Care funding certify that homeless individuals will not be discharged from state facilities directly to shelters. While state psychiatric hospitals and community mental health centers strive to develop a workable transition plan for all, some individuals still end up in shelters or on the streets. Even though Regional MH/MR Boards attempt to provide quick access to services for homeless individuals, a number of challenges deter their efforts. These challenges include:

- Kentucky remains a "minimum" state receiving $300,000 in PATH funds each year;
- No state funds are provided for homeless services;
- Limited residential options that combine permanent housing with on-site supports; and

- Due to staff shortages, inability to provide consultation and training to homeless service providers.

Strategies

KDMHMRS staff and Regional MH/MR Board staff use a number of strategies to insure that individuals with serious mental illnesses who are homeless are evaluated and receive necessary services. These include:

- Identifying individuals who have been homeless more accurately in the client data set;
- Providing accommodations in clinic and other program hours;
- Providing specialized training to case managers and clinicians;
- Establishing formal and informal linkages with homeless services providers; and
- Sponsoring forums within each state psychiatric hospital district that focus specifically on the issue of continuity of care.

Performance Indicators

One indicator has been selected the measure the performance of regional systems of care:

- *Outreach Rate Homeless Adults with Severe Mental Illness*: measures the percent of adults with severe mental illness (SMI) served by Regional MH/MR Boards who are homeless.

See Appendix A: Performance Indicators

Objectives

It is anticipated that in SFY 04, the homeless outreach rate may rise due to the addition of a homeless "marker" into the client data set. Heretofore, homelessness has been measured by a point-in-time count using living arrangement codes. The new marker will count whether clients have been homeless at any point over a twelve month period, a method recommended by partners in the state Data Infrastructure Grants.

Regional Boards submitted the following plans in this area:

Region	Plan
1	Continue to provide services on-site at the primary homeless shelter in our region as long as funding will allow.
2	The Pennyroyal Center will take the lead in re-establishing the Continuum of Care process during FY 2004. At least one meeting will be held.
3	Meet with homeless shelters on behavioral health needs.
4	Continue to liaise with local homeless shelter on a regular basis.
5	All SMI Case Managers will visit each homeless shelter in their respective counties at least once monthly.

6	Will increase the outreach rate to homeless adults with SMI by 2% in Jefferson County.
7	The PATH staff will create material or find a resource to design and print materials to be used for outreach purposes (e.g. flyers, posters, handouts).
8	Work with local agencies to develop transition-to-permanency apartments in FY 2004.
9/10	Ask for funding for two staff to work with SMI who are homeless.
11	Provide quarterly training to area homeless shelter staff in identification of individuals who may benefit from MH services.
12	KRCC will examine the availability of McKinney Act Funds and make application for Homeless Outreach funds if they are available.
13	Provide consultation and outreach services to the homeless shelters in the region on an as needed basis or at least yearly. (In the event, the Path Grant is funded, the agency will place a case manager in Catchment A and Catchment B to provide services to the SMI population who reside in the shelters.
14	Refer homeless individuals to case management. Maintain current level of continuity of care.
15	Applications for HOME TBRA will be processed within 48 hours for individuals who are homeless. Three applications for funding for housing initiatives for SMI population will be submitted. Forty persons with SMI will be assisted in obtaining permanent housing.

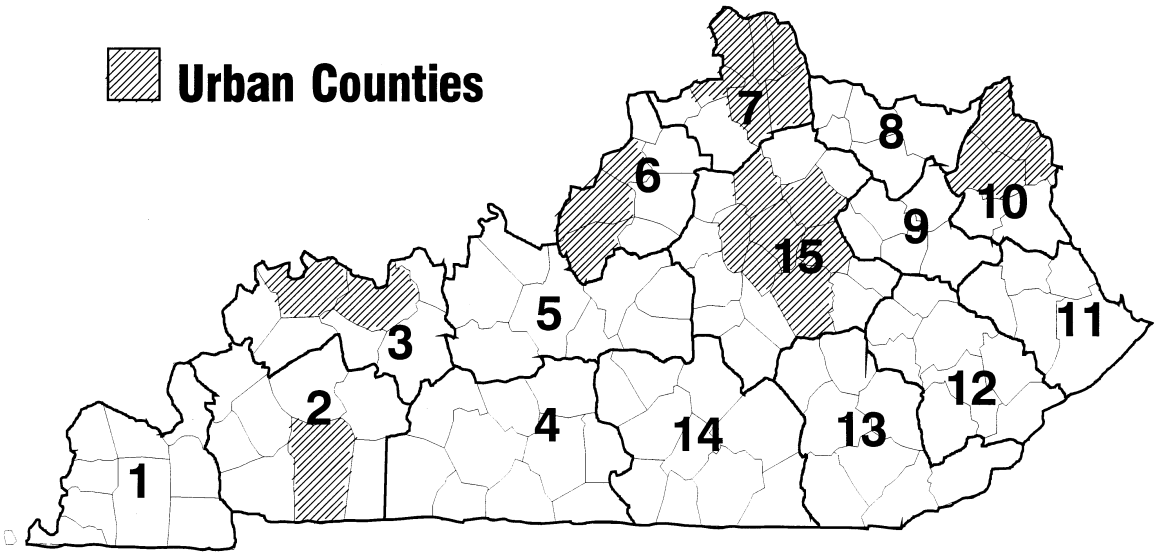
- **Objective A-4-1: Provide technical assistance and consultation to two new rural PATH providers during SFY 04.**

- **Objective A-4-2: During SFY 04, implement selected recommendations from the four Homeless Forums held in SFY 03. These Forums involved the convening of state hospital facility directors, Kentucky Housing Corporation staff, DMHMRS staff and homeless service program staff to address discharge policies concerning homeless individuals with severe mental illnesses.**

Delivery of Mental Health Services in Rural Areas

Introduction

Using the definition of Standard Metropolitan Statistical Area, Kentucky has 21 counties that are considered urban and 99 counties that are rural. The urban counties are highlighted on the map below.



More than one-half of the state's population resides in its 99 rural counties. At the close of SFY 2001, 34 percent of adults identified as having a severe mental illness resided in rural counties.

State Support

The mental health system in Kentucky has always recognized the rural nature of the state and has placed a priority on ensuring that services are available and accessible in all of its one hundred twenty counties.

Common problems for rural areas are isolation and the difficulties imposed by the lack of information and access. Other problems include the heightened stigma associated with mental health services in rural areas and the difficulty of ensuring confidentiality and anonymity in small communities. In addition, each rural community has its own unique challenges because of cultural, geographic and social differences.

Telephone surveys comparing the attitudes of individuals in rural and urban settings toward mental health treatment find that individuals in rural communities are less likely to seek care because of the stigma associated with the receipt of mental health services. Certain rural values such as self-reliance, conservatism, and distrust of outsiders compound the problem.

During SFY 04, statewide consumer and family initiatives will continue to receive CMHS Block Grant funding to continue to impact on the problems associated with rural isolation, stigma, lack of information and access**:**

- The Mental Health Association of Northern Kentucky will provide education, information and training outreach on stigma in rural areas;

- The Kentucky Consumer Advocacy Network's Bridges Program will continue to provide peer support in several rural areas; and
- NAMI Kentucky will provide "Family to Family" education in eight or more rural counties. A statewide campaign with the faith community has been developed to heighten awareness of the special needs of families and consumers in rural areas. In addition, the Crisis Intervention Team program will be expanded to include rural areas.

Regional Roll-Up

A number of initiatives have been established at the Regional Board level to address rural issues. CMHS Block Grant funds continue to be allocated to rural areas to maintain housing developer positions. These staff are responsible for improving access to existing housing as well as developing additional housing opportunities for adults with severe mental illness. **Rural housing developers** have been focusing on applying for and administering set-asides of rental assistance funding to be targeted to adults with mental illness residing in rural counties. A number of housing funding sources have been accessed including HOME funds, Emergency Shelter Grant funds and Shelter plus Care funds. These initiatives have allowed regional boards to tailor rental assistance programs to local needs.

Eight of fourteen Regional MH/MR Boards report engaging in initiatives to better coordinate **transportation services** in their regions. Despite the many benefits of these initiatives, consumers still report problems in accessing necessary transportation. Regional Boards have attempted to rectify these problems through the following means:

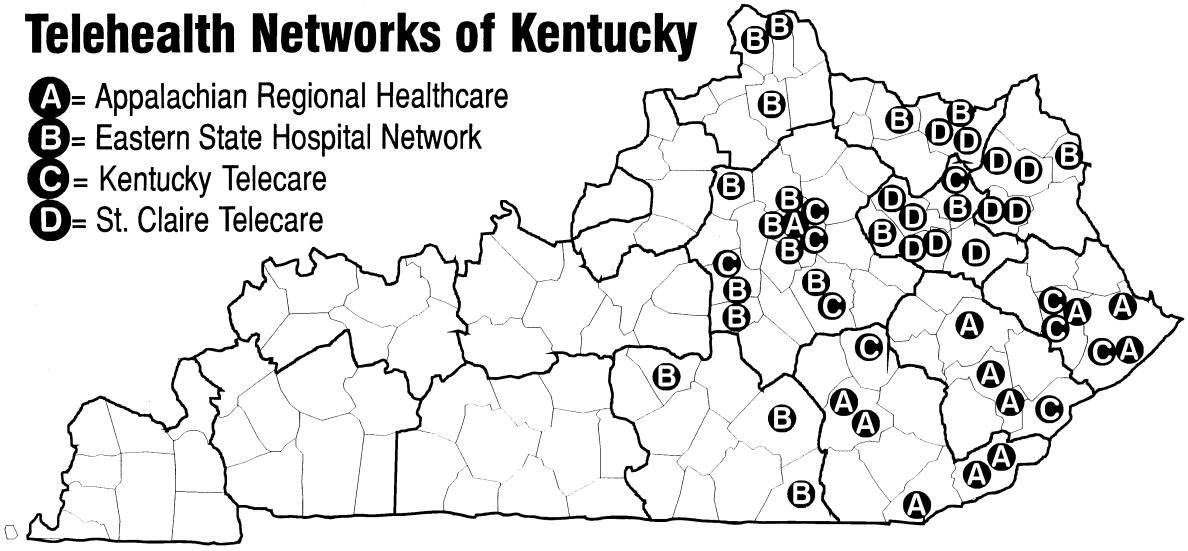
- Surveying consumers as to their satisfaction and problems with the regional transportation system;
- Designating an agency-wide transportation coordinator to problem solve with the transportation provider and consumers; and
- Providing agency operated transportation to bridge the gaps in the transportation network.

The Bluegrass Regional MH/MR Board has used savings from the management of Eastern State Hospital to establish and maintain a **teleconferencing**/telepsychiatry network across the four regions within the Eastern State Hospital district. The University of Kentucky is also using telemedicine to communicate with local clinics in Eastern Kentucky. An initiative of the 2000 Kentucky General Assembly established a Telehealth Board, which will establish standards and enable billing for telehealth services. This initiative may significantly improve access to mental health services, especially in eastern Kentucky.

Despite the availability of this technology, only three Regional MH/MR Boards report delivering or accessing services from the telehealth network and for very limited uses (e.g. screening for case management services upon discharge from state facilities). One of the Regional Boards reports having submitted applications to become an approved site by the Telehealth Board and to be eligible for Medicaid

reimbursement, however, no decisions have been made at the state level. As of May 2002, the Department for Medicaid Services did not have approved telehealth guidelines and a process for reimbursement for behavioral health services delivered by telehealth other than private psychiatry. Currently only four Regional Boards either delivers or accesses services from existing telehealth networks.

A map showing the availability of "telehealth" in eastern Kentucky, where access is most problematic, may be found below.



Trends/Challenges

Due to budget constraints, a major trend among Regional MH/MR Boards is the closing of outpatient clinics or reduction in hours in sparsely populated rural counties. Additionally, more private psychiatric hospital beds have closed in more rural areas. Both of these trends limit service access to individuals with severe mental illness in more rural counties. These trends coupled with ongoing transportation problems make it increasingly difficult to get the care one needs. Additional challenges in rural areas include:

- Stigma about mental illness;
- Staffing shortages, especially in particular disciplines;
- Lack of basic information about services; and
- Isolation.

Strategies

An effective way to reduce stigma, isolation, lack of information and access problems is to continue the provision of **case management** services in rural counties. Rural case managers have been resourceful in assisting persons with a

severe mental illness in identifying their needs, as well as meeting these needs through the identification and development of local resources. Case managers are critical linkages to formal and informal services and supports in rural Kentucky.

Transportation barriers remain one of the greatest concerns among providers, consumers and family members. One of the "Empower Kentucky" initiatives of Governor Paul E. Patton is the development of the Human Service Transportation Delivery Program. This program pools existing public transportation funds including Medicaid non-emergency transportation. Funds have been capitated and a centralized system developed. When fully implemented, a total of 16 transportation regions statewide will operate 24 hours a day/seven days a week with a single broker or broker/provider established in each region. Consumers access transportation services through a toll-free phone number.

Another "Empower Kentucky" initiative that will help rural Kentuckians to access services is "Simplified Access to Commonwealth Service," which provides resource access via the Internet. Consumers, family members and providers can access the website at www.KyCARES.net and obtain information on any number of physical health and behavioral health services.

The advantages of establishing a **teleconferencing** capability across rural areas are well known. Due to difficulties in recruiting qualified medical and clinical staff to work in more rural areas, teleconferencing can be used to extend staff coverage from a central site to outlying rural clinics and other service sites. Specialized services (e.g. therapists who are fluent in sign language) could be effectively extended through the use of teleconferencing.

Rural communities often have fewer **staff and resources** to provide mental health services. It is important for rural mental health agencies to develop collaborative agreements with primary care physicians, senior citizens, church groups, and government agencies. Collaboration can facilitate a comprehensive service delivery system for persons with a severe mental illness who live in a rural area. The KDMHMRS will continue to work with rural communities and other entities to assist in this endeavor. Activities include shared federal, state, and local funding, shared and cross training, and bringing all stakeholders together at the state and local level to strategize best practices.

Performance Indicators

One indicator has been selected the measure the performance of regional systems of care:

- *Penetration Rate – Rural Adults with Severe Mental Illness*: measures the percent of the estimated number of adults with severe mental illness who live in rural counties who received a community mental health service.

See Appendix A: Performance Indicators

Objectives

Regional MH/MR Boards submitted the following plans in this area:

Region	Plan
1	Strive to bring this indicator within acceptable limits, despite the lack of additional funding.
2	Work with existing agencies in counties that do not have an established outpatient clinic to obtain office space at least four hours per week.
3	Discuss with DMH Commissioner the need for telehealth funding.
4	Maintain current service availability viz. FY 2003 staff:consumer ratio.
5	Communicare will add at least one new route in the next FY to provide increased accessibility.
6	Case Management will be provided to SMI clients in all rural counties when indicated. Will maintain the number of rural SMI clients receiving case management.
7	The Employment Rehabilitation staff will make visits to the Grant County TRP two times per month. ERP staff will also explore the need to make a visit one time per month to Pendleton County TRP.
8	Work with local transportation providers to examine and implement at least one alternative mechanism for transporting clients to services more efficiently.
9/10	Try to identify transportation problems at the consumer's first contact with the agency in order to utilize available resources.
11	Increase natural environment services by 5% as needed by July 1, 2004.
12	KRCC will examine at least one alternative mechanism for transporting clients to services during FY 2004.
13	Provide transportation to all SMI adults who attend the TRP Program through the Rural Transit System by completing necessary documentation on a monthly basis.
14	Maintain current level.
15	Continue at or above current penetration rate in rural areas.

- **Objective A-4-3: Focus on transportation issues through the HB 843 Transportation Workgroup.**

- **Objective A-4-4: Incorporate best practices in rural service delivery into existing KDMHMRS sponsored training events (e.g. Mental Health Institute, Community Support Program director's meetings, Choices and Changes conference).**

Comments of the Mental Health Services Planning Council

No comments.